

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_ District of \_\_\_\_  
(State)

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

☐ Check if this is an  
amended filing**Official Form 205****Involuntary Petition Against a Non-Individual****12/15**

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed****1. Chapter of the  
Bankruptcy Code**

Check one:

- ☐ Chapter 7  
☐ Chapter 11

**Part 2: Identify the Debtor****2. Debtor's name** \_\_\_\_\_**3. Other names you know  
the debtor has used in  
the last 8 years**Include any assumed  
names, trade names, or  
*doing business as* names.**4. Debtor's federal  
Employer Identification  
Number (EIN)**☐ Unknown\_\_\_\_  
EIN**5. Debtor's address****Principal place of business**\_\_\_\_\_  
Number Street\_\_\_\_\_  
City State ZIP Code\_\_\_\_\_  
County**Mailing address, if different**\_\_\_\_\_  
Number Street\_\_\_\_\_  
P.O. Box\_\_\_\_\_  
City State ZIP Code**Location of principal assets, if different from  
principal place of business**\_\_\_\_\_  
Number Street\_\_\_\_\_  
City State ZIP Code

6. Debtor's website (URL) \_\_\_\_\_

7. Type of debtor

- ☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☐ No  
☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☐ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☐ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☐ No  
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Polaris Guam, LLC  
Name

Case number (if known) \_\_\_\_\_

3. Each petitioner's claim

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
<u>Kloppenburg World Bell Pship.</u>	<u>unpaid rent</u>	\$ <u>960,958.84</u>
<u>TeleGuam Holdings LLC</u>	_____	\$ _____
<u>dba GTA</u>	<u>unpaid services</u>	\$ <u>21,294.92</u>
Total of petitioners' claims		\$ <u>982,253.76</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Attorneys**

**Name and mailing address of petitioner**

Kloppenburg World Bell Partnership  
Name  
PO Box 6098  
Number Street  
Tamuning, GU 96931  
City State ZIP Code

Mark Williams  
Printed name  
LAW OFFICES OF MARK WILLIAMS, P.C.  
Firm name, if any  
Ste 102 BankPacific Bldg., 166 West Marine Corps Dr.  
Number Street  
Dededo, GU 96929  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Bruce E. Kloppenburg  
Name  
674A S. Marine Corps Drive  
Number Street  
Tamuning Guam 96931  
City State ZIP Code

Contact phone (671) 637-9620 Email \_\_\_\_\_  
Bar number 95022  
State Guam

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/30/2020  
MM / DD / YYYY

/s/Bruce E. Kloppenburg

☒ /s/ Mark Williams

Signature of attorney

Date signed 10/30/20  
MM / DD / YYYY

Signature of petitioner or representative, including representative's title

Debtor \_\_\_\_\_  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**


\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

x   
\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Bar number

\_\_\_\_\_  
State

x \_\_\_\_\_  
Signature of attorney

Date signed \_\_\_\_\_  
MM / DD / YYYY

**Name and mailing address of petitioner**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

x \_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Bar number

\_\_\_\_\_  
State

x \_\_\_\_\_  
Signature of attorney

Date signed \_\_\_\_\_  
MM / DD / YYYY